

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000046317

Entity Name: PLAY W' US INC

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

701 NW 141 AVE  
#203  
PEMBROKE PINES, FL 33028 USA

## **New Principal Place of Business:**

## **Current Mailing Address:**

701 NW 141 AVE  
#203  
PEMBROKE PINES, FL 33028 USA

## **New Mailing Address:**

FEI Number: 27-2768815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

REYNOLDS, BELINDA MRS.  
701 NW 141 AVE  
#203  
PEMBROKE PINES, FL 33028 USA US

## **Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: REYNOLDS, BELINDA MRS.  
Address: 701 NW 141 AVE #203  
City-St-Zip: PEMBROKE PINES, FL 33028 USA

Title: VP  
Name: MONACELLI, LUCIA MS.  
Address: 701 NW 141 AVE #203  
City-St-Zip: PEMBROKE PINES, FL 33028 USA

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BELINDA REYNOLDS

P

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date